Docket No.: 118600

DECLARATION AND POWER OF ATTORNEY FOR CONTINUATION-IN-PART APPLICATION (PCT)

s a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

A SYSTEM AND METHOD FOR CUSTOMISING CALL ALERTS

described and	claimed	in the	specification:
Check one			•

attached hereto. filed on as Application Serial No. 10/772,403 8

This application in part discloses and claims subject matter disclosed in my earlier filed International Application No.PCT/AU02/Q03880 ___28 March 2002

I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to said international application are hereby claimed:

Australian Patent Application No. PR6907

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s)

As to any and all subject matter of this application which is not common to said earlier application, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the international application and the filing date of this application.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on such subject matter were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office;

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	n Full Name First Inventor	PETER G		DONNELLY
Inventor	's Signature	Given Name	Middle Initial	Family Name
Date of S	_	June	24	2004
Date 0. 0		Month	Day	Year
Residence	Y	arraville	Victoria	Australia
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	address, including country)	Australia	<u> </u>	
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Inventor'	s Signature:	Given Nar	ne Middle Initial	Family Name
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Inventor's	Signature:	Given Name	Middle Initial	Family Name
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Date of Si	gnature:		Month Day	Year
Residence:		City		
Citizenship	:	City	State or Province	Country
	Post Office Address: (Insert complete mailing address, including country)			

If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.